

Foster Family Home - Deficiency Report

Provider ID: 1-240101

Home Name: Brian G. Estrada, NA

Review ID: 1-240101-3

91-806 Hanakahi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/18/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Client#1 Form 1147 is not present in the file.

Deficiency Report issued during CCFFH inspection via email on 11/18/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Sex Offender check are not present for CG#3 and HHM#1.

8(a)(2) APS/CAN checks were overdue for CG#1.
APS/CAN was due on or before 10/15/2025 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#1. State Name Check (eCrim) was due on or before 10/15/2025 and was not present in the CCFFH file.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3 and HHM#1.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(5)(C)(i) Have a valid driver's license;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4 Disclosure form present is not current for CG#1. No disclosure form present for CG#3.

41.b.5.c.i. CG#3 identification is not present in the file.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and CG#3. CG#2 TB clearance expired, was due on/before 5/18/2025 and was not completed. CG#3 does not have a TB clearance present on file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1, Cg#2, and CG#3.

CG#1 BBP/IC was due on/before 8/24/2023 and was not completed.

CG#2 BBP/IC was due on/before 11/20/2024 and was not completed.

CG#3 BBP/IC was not present in the file.

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 for CG#2.

Foster Family Home

Physical Environment

[11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e) - The CCFFH did not have evidence of a policy regarding smoking on the property.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. There was no policy present in the file.

Foster Family Home - Deficiency Report

Foster Family Home


Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) The CCFFH had documentation of limited visiting hours/visiting restrictions. Per Federal Regulations, visiting hours cannot be restricted or limited for the client without specific reasons identified in the client's service plan which the client agrees to.



Compliance Manager



Primary Care Giver

11/18/25
Date

11-18-25
Date